

**REQUEST
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/328,667
	Filing Date	06/09/1999
	First Named Inventor	Radhika R. Roy
	Group Art Unit	2663
	Examiner Name	DUONG, Duc. T.
	Attorney Docket No.	113394

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114
a) <input type="checkbox"/> Previously submitted:
i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).
ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on
iii) <input type="checkbox"/> Other
b) <input checked="" type="checkbox"/> Enclosed:
i) <input checked="" type="checkbox"/> Amendment / Reply
ii) Affidavit(s) / Declaration (s)
iii) Sheet of Additional Drawing
iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply
v) <input type="checkbox"/> Power of Attorney
2) Miscellaneous:
a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).
b) <input type="checkbox"/> Other
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.
a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186
i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).
ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).
iii) <input checked="" type="checkbox"/> Any Other Required Fee.

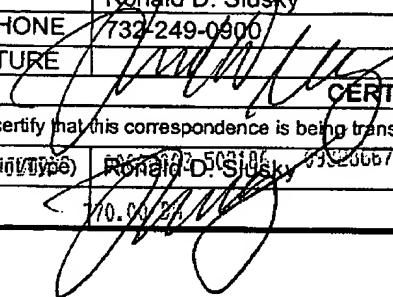
CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

Customer Number -

or ☒ Correspondence address below

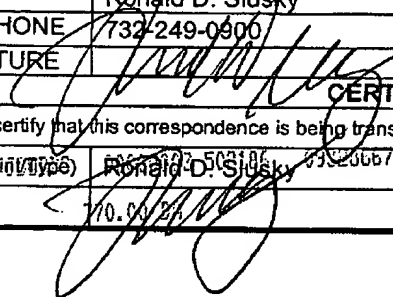
NAME	Samuel H. Dworetzky				
ADDRESS	PO Box 4110				
CITY	Middletown	STATE	NJ	ZIP CODE	07748
COUNTRY	USA	FAX			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky		REG. No.	26585
TELEPHONE	732-249-0800		DATE	06/02/2004
SIGNATURE				

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being transmitted to the USPTO by facsimile to telephone number 703-872-9306 on the date indicated below.

Name (Print)	Ronald D. Slusky	Signature		Date	06/02/2004
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